

DIVISION OF PUBLIC HEALTH NUTRITION

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

(Please check only one)

New Form

_____ Correction/Change

VENDOR NUMBER _____

STORE NAME: _____

ADDRESS: _____

CITY, STATE _____

ZIP CODE _____

CORPORATE CODE _____

(WIC Use Only - Do not Complete) _____

I (we) hereby authorize the Commonwealth of Virginia - WIC Program, hereinafter called State Agency, to initiate credit entries to my (our) checking account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the State Agency to direct the financial institution(s) to return said funds. These credit transactions should be made to the depository bank named below:

DEPOSITORY BANK NAME _____

BRANCH _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

BANK TELEPHONE NUMBER: (_____) _____

Please verify your routing and account number with your bank or corporate office before completing this section.

This authorization is to remain in full force and effective until the State Agency has received written notification from me of its termination.

VENDOR AUTHORIZED PERSON * _____
(PLEASE PRINT)

TITLE: _____ **DATE:** _____

ACH Check List

- _____ 1. Keep the gold copy of the completed AUTHORIZATION AGREEMENT Form for your records and file in your Virginia WIC Vendor Manual.
- _____ 2. Complete the AUTHORIZATION AGREEMENT Form and mail to the WIC Program.
- _____ 3. Attach a copy of a blank voided check to ensure your ACH credit is correctly applied.

* This form should be completed by either the store manager, owner or an authorized agent only.

White Copy - State Office
WIC 394

Yellow Copy - Banking Contractor
Virginia Department of Health

Gold Copy - Vendor
REV 4/96